

MO7000006401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

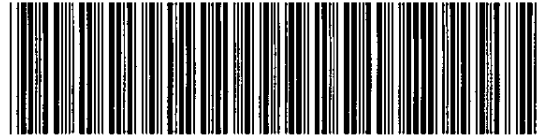
Special Instructions to Filing Officer:

A. LUNT

MAY - 5 2009

EXAMINER

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2009 MAY -4 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Selina Plaza Acquisitions Member, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron Roberts

(Name of Person)

Sabre Compliance Services

(Firm/Company)

1339 E. Katella St. STE 101

(Address)

Orange, CA 92867

(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron Roberts

(Name of Person)

at (888) 444-1031 x702

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

Selina Plaza Acquisitions Member, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

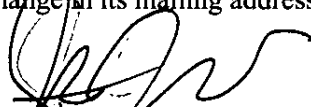
1191 E. Iron Eagle Drive, Second Floor

(Mailing address)

Eagle, ID 83616

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future and change in its mailing address.



(Signature of member or authorized representative of a member)

Aaron Roberts-Authorized Representative

(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00